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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 30882/DP008		
Application Number	10/820,586-Conf. #b111	Filed April 8, 2004		
For ELECTRONIC DEVICE FOR PACKET BOXES AND RELATED OPERATING METHOD				
Art Unit	2612	Examiner NGUYEN, Nam V.		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$460	Small Entity Fee \$230	\$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1050	Small Entity Fee \$525	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1640	Small Entity Fee \$820	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2230	Small Entity Fee \$1115	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-2855</u> . I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,801</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
 Signature <u>Aaron M. Peters</u> Typed or printed name			<u>May 12, 2008</u> Date (312) 474-6300 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.				

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).  Dated: May 12, 2008 Signature: _____ (Aaron M. Peters)		
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